

FINAL PROJECT REPORT

October 2001- January 2003

Outdoor Experiential
Therapy Pilot Project

Funded By:



Submitted by:

**Adventist Development and Relief Agency International
Rwanda**

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Project Summary

Throughout the year, the Outdoor Experiential Therapy Pilot Project has endeavored to train 450 youth and 30 adults in the Outdoor Therapy project. This training focused on teaching conflict resolution and reconciliation skills as well as addressing the issues of psychosocial healing from past traumatic experiences. The project embraced both of these goals with enthusiasm and optimism. The project site was chosen by January, 2002 at a location just outside of Kigali, in the district of Kicukiro. The property held a warehouse/mechanic shop which had not been used for several years, but was in relatively good repair. The budget allowed for rehabilitation of this building for the use of a classroom, dormitory rooms, and cafeteria space. The surrounding property was 120 square meters which held sufficient trees and forest growth to create a relaxing and secluded training site. Seven activities were erected within this property utilizing the natural habitat to enhance their effectiveness. The project officially began its program activities on April 23, 2002 and continued until the closing date of January 27, 2003.

Each week throughout the year one could find over 20 youth being trained in the outdoor classroom and doing various activities outside. The total number of youth participating in the project over the course of the year was 5. Each evening counselors would teach the youth about HIV/AIDS, STDs, Children's rights, reproductive health, and various other youth issues. The youth then returned to their communities to practice the principles and ideas that they learned at the program. Counselors from the program visited these youth four to six weeks after they had returned to their homes to reassess them and measure changes in their behaviors. The results of these tests were extremely positive and encouraging. The youth averaged a retention rate of over 84% of the conflict resolution and life skills principles which they learned at the program. The youth also showed at least a 5% reduction in their Post Traumatic Stress Disorder Symptoms in that 4 week period. In addition to the quantitative data that was collected, the Outdoor Therapy Project also gathered the youths' stories and testimonies on how their behavior had changed after the program. In this way, the impact of the project could be assessed. As the project wound to a close in January, the equipment was removed from the property, and the building cleaned and left in good repair for the school. The final reports were concluded and a proposal was written for the continuation of the project in the coming years.

Areas Activity

The Outdoor Therapy Project was unique in that it did not work in the traditional areas of activity, which usually refers to the geographical location of the project and its' activities. Instead the Outdoor Project focused on specific areas of society i.e. conflict resolution and reconciliation. These activities were focused on throughout the country of Rwanda. No particular region was targeted for the intervention. The primary reason for the project was to collect research on how well this method of psychotherapy worked with youth in Rwanda. This is the basis for the project's "pilot" status. The following section will discuss the areas of activity which were addressed by the Outdoor Therapy Project, as well as providing the impact the project made in these areas.

Conflict Resolution and Reconciliation

One of the primary reasons this project was funded was because of its' pilot/research status. It brought a new technique or method of teaching youth conflict resolution skills and enhancing reconciliation efforts among various populations of youth in Rwanda. This objective fell under USAID's Greater Horn of Africa Initiative which provided funds for innovative new programs to work in the areas of peace building and conflict resolution. ADRA Rwanda began its' program of conflict resolution and reconciliation in April, 2001 with an Outdoor Therapy Pre-Pilot

project. During these six weeks, children and youth who had been living on the streets of Kigali were invited to attend the 5 day work shop. The project had a significant impact according to the participants' qualitative data. However, no research or formal statistics were collected, and so further research was needed to establish the program as a viable means to teaching conflict resolution skills to youth. The project received funding for its' second phase per the funding described above. This project was called the Outdoor Experiential Therapy Pilot project, and operated from October '02- January '03. During this time, the focus of the program remained on conflict resolution and reconciliation among youth in Rwanda.

Many programs currently operate in Rwanda to work in this area of reconciliation and conflict resolution. Most projects focus on the traditional method of seminars or conferences, which address adults in a lecture or formal setting. Youth are rarely invited specifically to attend these meetings. Therefore approximately 43% (percentage of Rwandan population under the age of 20) of the Rwandan population is left without information on how to reconcile or resolve conflict in a peaceful manner. The Outdoor Project targeted this group because it showed the greatest potential to learn the principles and skills, utilize these skills in practical applications, and to spread the teaching and methods to other youth throughout their communities. In comparison, adults tend to take at least two times as long to train, often refuse to change behaviors and patterns they have used for years, and are slow to teach /train others in what they have learned.

The true effectiveness of this program can easily be seen in the results received from the data that was collected. The average youth who attended the Outdoor training session remembered nearly 84% of the conflict resolution skills they were taught in the program. This percentage of retention was based on a post assessment given nearly four to six weeks AFTER the youth attended the program and learned the principles for conflict resolution. Industry averages for learning in a classroom/lecture style setting are less then 10% after the same period of time. It is apparent that this combination of principles and activities have a long term effect on the youth who learn them.

Post Traumatic Stress Disorder

The second focus of this project is no less important then the first. In a country which was ripped apart by genocide less then 10 years ago, Rwanda is making strong efforts to heal from this crisis. A residual effect of the conflict eight years ago is that of Post Traumatic Stress Disorder symptoms. Often the presence of these symptoms is debated-often seen as Western society labeling African symptoms with a Western label. However, enough research has been conducted in Rwanda to show evidence that Rwandans can and do experience similar symptoms of PTSD after conflict. These symptoms include: depression, inability to focus on work or school activities for a significant period of time, nightmares or troubled sleep, self isolation, distrust, anxiety, flashbacks, and other symptoms. When the pre and post assessments were compared, the Outdoor therapy Project was shown to reduce these symptoms from 3-5% on average. Some cases showed a higher rate of reduction, others less then 5% or a negative percentage (meaning that symptoms were increased in some cases). Further discussion of the assessment forms and the methodology of the research can be found later in this report.

Mental Health Field

Throughout the year, ADRA Rwanda gained notoriety among many international and national NGOs for its' work with youth and the mental health field. Several organizations approached ADRA Rwanda for more information on the unique program. Other programs working with youth inquired about possible future partnerships with ADRA Rwanda and the Outdoor Therapy program. Many had youth and children which they felt would greatly benefit from the program. One of the prominent partners that did benefit from the project this year was the International Rescue Committee. Currently, IRC is operating a program to transition youth from institutions such as orphanages or street centers to individual housing. IRC had sent their youth to the program in 2001, and saw significant changes in behaviors and attitudes in those youth who attended the program. They approached ADRA Rwanda about sending more youth through the training program to assist them in living on their own in their communities. Overall, approximately 80 youth from IRC's transition program benefited from the Outdoor Therapy Program. Significant changes were readily observed in their behavior soon after the program. Towards the end of the project, the Outdoor Therapy Project received attention from the government levels specifically the prefect of Kigali, the mayor of the district the project operated in, and the Ministry of Health. Each of these officials had previously been aware of the project and its' agenda, however, they did not take any specific interest in it. However, as the word of the work that was being done spread, the interest increased. The Department of Mental Health in the Ministry of Health, took special interest in the program and its' excellent results in working with traumatized youth. ADRA Rwanda was invited to sit on a committee writing a best practices manual for trauma counseling in Rwanda. Through each of these contacts and partnerships, ADRA Rwanda showed itself to be an involved professional agency working in the mental health field. It has become a respected name within the field of mental health throughout Rwanda.

Description of Assessments

The tool used to assess the youth for this program was adapted to fit Rwandan culture. The assessment forms focused on Child Depression as this is often the primary indicator for Post Traumatic Stress Disorder. This assessment came in three parts: the first assessed the beneficiary for symptoms of depression or PTSD. The second part assessed the level of depression the individual was feeling in their daily life throughout the past 2 weeks. The final section of the assessment measured the impact of the traumatizing event. This test was given because it was assumed that those youth suffering from PTSD which had been caused by trauma during the conflict in 1994. The test specifically asked about what events could the youth remember of that time. If the memories were vivid and easily recalled, it was hypothesized that the youth would have been more severely traumatized and thus in need of more immediate assistance.

The assessments were given before the youth arrived at the program and began training. As much as possible, the testing was done in their home communities at least 1 week prior to their arrival at the project site. However, this was often not possible. The youth then attended the one week training session and returned to their homes. Nearly four to six weeks after returning home, the participants were again given this same assessment. Some groups were brought back to the site in Kigali for a one-day review session, while other groups were visited by the ADRA counselors in their home communities. In this way, the project could measure any differences in

the reactions of the participants to the assessment method. No significant difference was found between the two methods of review.

Generally, the participants showed an average decrease in their depression scores by about 5%. However, an interesting occurrence happened while shortly after the post assessments were given. It is not uncommon in psychological counseling to see the client or participant drop or lower in their mental health before rising and achieving their treatment goals. This same activity happened while working with the youth. The pre assessment scores were used as the baseline for each participant. When measured after the intervention, several groups of participants showed a negative reaction – meaning their symptoms of depression INCREASED by 3-5% after the intervention.

It appeared the program was doing more harm and traumatizing the youth then healing them! However, this can be attributed to at least two if not three natural occurrences. One has already been mentioned-often the client becomes worse before they heal completely. This process takes time and often during the initial month or two after the intervention the youth must adapt to their new lifestyle and thinking processes.

Secondly, the pre assessments were given to youth with little or no explanation as to what or why they were receiving testing. Often the youth were given the assessments by counselors and adults whom they did not know or were not familiar with. The youth, quite understandably, did not trust these counselors whom they did not know. Therefore, when asked to respond truthfully to the questions on the assessment forms, they hesitated. The questions were of a personal nature and the youth were uncertain of what or how the information would be used. Thus, they answered a) giving the “correct” or “expected” answer, or b) in a pattern. When the assessments were analyzed the scores showed that few if any of the participants attending the program had any PTSD symptoms! However, after the youth attended the program, learned the principles, understood the process and the reasons for training, and learned to trust the counselors implicitly, they began to answer the questions more honestly. This caused a significant drop in their assessment scores, showing “more trauma”, when in fact they were healing, and were just now opening up and giving honest answers to the questions on the assessment forms.

The last occurrence is based on the culture of Rwanda. Rwandans have had their trust in humanity broken by the most horrendous actions that humans can visit on other humans. It is not a nation which trusts “outsiders” nor even its’ own population. The culture, itself, does not trust easily. To show a sign of weakness makes one vulnerable to attack of any sort, whether physical or emotional. Emotions/feelings are often left unspoken among many Rwandans. In this culture then, one can see that telling others of one’s problems is not necessarily an honorable activity. And, once the story is told, the counselor often distrusts or questions the story they are hearing. Mental illness is not acceptable in the Rwandan culture. Those citizens who are “different” or “crazy” are often shunned, removed from the community, or treated as less than humans. To say that one is suffering from PTSD, a “psychological or mental illness” is to say that one is “crazy” or demented. Therefore, if you ask if that youth has experienced hallucinations, nightmares, severe anxiety, or flashbacks, you will receive an adamantly negative answer. To admit this is to admit insanity or mental illness. Youth may be experiencing each of these symptoms but will not reveal this to the counselor because they fear ostracism from their communities. Each of these factors contributes to the inaccuracies found in the assessment forms. Nevertheless,

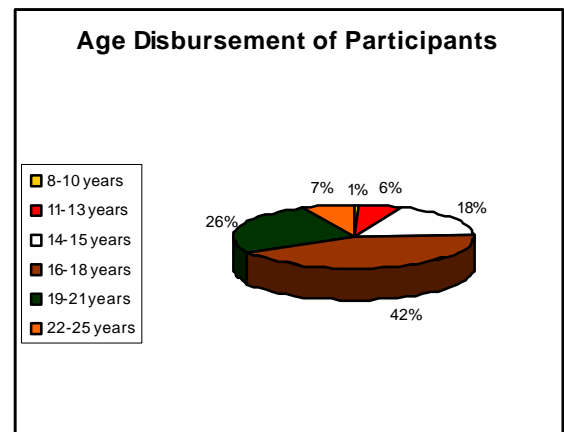
adjustments were made to negate as many of these factors as possible to get the truest results from the youth and the data collected from them. The assessment questions were worded in such a way as to make them less “psychological” and more like a “feelings/emotions” test. The tests were given by the same counselors that worked with the youth throughout the week, in this way trust and honesty could be built between the client and the counselors. The participants began to see the results and report them to the counselors. From these stories and testimonies, the youth participants were healing and making significant behavioral changes which may not have been measured on the assessment forms but were still very real. In this way, the project staff knew the assessments may not always be accurate, yet they did point to positive trends in healing.

Demographic profile of target/reached population

Five independent variables were chosen for the data analysis; age, status, education level, gender, and province. These five variables indicated the population and beneficiaries which were reached throughout the one year pilot project. Below are graphs showing the disbursement of the participants in the program according to these five variables. The sample size for this study was 485 participants. This is actually less than the number of youth attending the project (525), however, this is the data which was the most accurate. Other cases were discarded because of missing information, incorrect testing, or other deficiencies. From this data, the average participant had the profile of a male orphan between the ages of 16-18 years old, with no education who lives primarily in the province of Kigali.

Age

The graph to the right indicates the age of the participants who attended the pilot project. The group most often involved in the program were those youth between the ages of 16 – 18 years of age. As this is the prime target group for this project, the project was successful in identifying and reaching its’ intended beneficiaries. It is in this age group that the program seems to have the most impact and effect.



Status

The status of the youth was determined by six

categories:

Unknown – youth did not know whether their parents were alive or deceased,

Orphans – youth with both parents deceased,

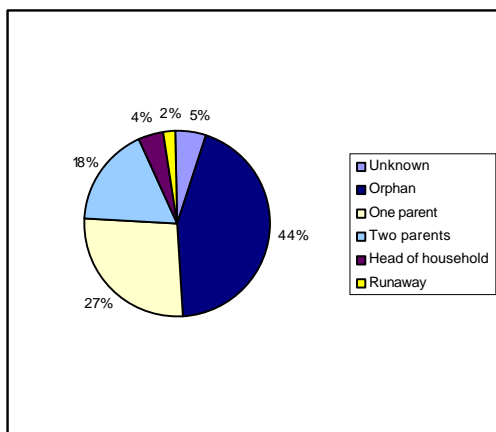
One Parent – youth with at least one remaining parent,

Two Parents- youth with two parents living in the same household,

Head of Household – youth responsible for their household,

Runaway – youth who voluntarily left their homes.

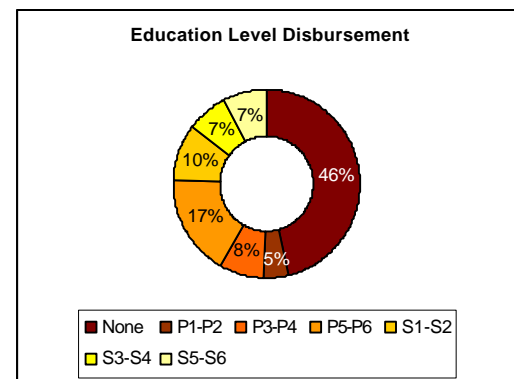
As the project focus was to work with the most traumatized youth as well as the most underserved



populations in Rwanda, it was no surprise to find the majority of the youth attending the Outdoor Project were orphans. This outcome was expected as orphans are a large percentage of the population under the age of 20 in Rwanda. Two groups were unexpected in the research – the youth suffering trauma with one or two parents in the family. It would be expected that these families would be more stable and the youth would experience less trauma because of their more stable family environment. However, further questioning revealed that these youth were often in blended families. Their parents had remarried and tensions were high in the blending process between the two families. One parent families also had difficulties as some of these families were headed by “step” parents. The remaining parent was not the natural parent to the youth. This led to challenges and stress within the family unit.

Education

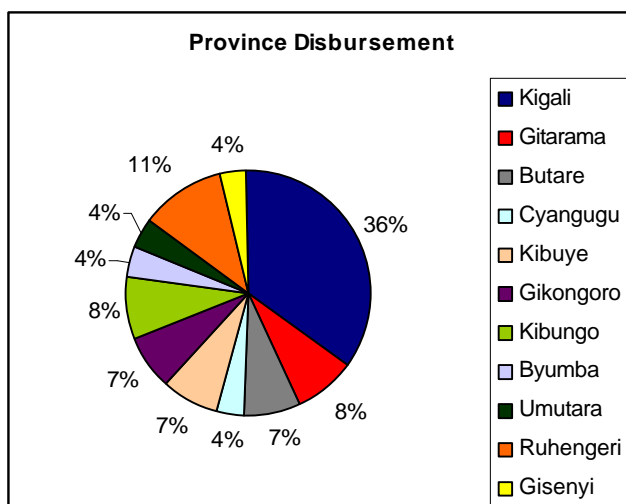
From the graph, one can see the largest proportion of the participants involved in the Outdoor Therapy Project had little to no education. The second largest group were found in the levels of P5-P6. Therefore the results of the program were excellently high when training the least educated persons in Rwandan society. This supports the idea that the Outdoor Therapy Project can be used on a widespread basis because it requires little or no education to learn or to utilize in daily life. Unlike other methods which might require participants to read and write responses



or take tests over the material, this method targets the uneducated groups so they also can benefit from the knowledge. The teaching method encourages participants to discuss conflict and in these discussions utilize the principles which they previously learned. It also offers the beneficiaries to practically use their new skills through the outdoor activities and the controlled conflicts which occur during these activities. Finally, the method tests the participants orally, and by using picture to identify principles. In this way each level of society and those from every educational background are able to benefit from the program.

Provinces

It was important to discover how each region in Rwanda reacted to the Outdoor Therapy Project. Also, as previously stated, the project did not focus on only one area of activity but branched to



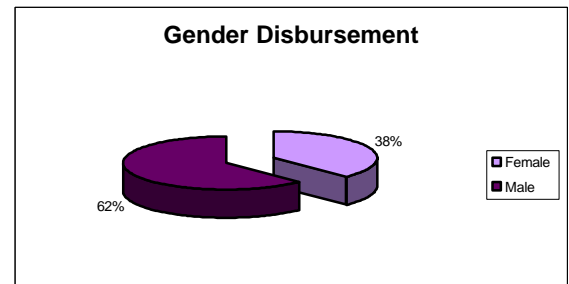
all areas of the country.

There are twelve provinces in Rwanda, in the chart eleven can be seen. The province labeled “Kigali” in the legend, includes “Kigali” and “Kigali Rural” which are two separate provinces in Rwanda. As the project was based in Kigali, it is no unexpected that a larger sample population was drawn from these two provinces. However, as much as possible all other provinces were relatively equally represented in the

sample. The average number of youth from each province was twenty. However, some provinces were able to send two groups, raising their number to forty youth in that province – hence the larger percentage rates.

Gender

One of the most common divisions in data analysis and research is the difference in the reactions of males and females to the specific dependent variables. It was the intention of the project to maintain a balance or equal ratio of males to females within the program. However, as can be seen from the graph on the right, this was not exactly achieved. Thirty-eight percent of the participants to the program were females, while sixty-two percent were males. It was soon discovered that the males were more able to attend the training session for various reasons; most of them cultural. Females are often valued in Rwandan culture because of their ability to take care of the family, home, gardens, and marketing. Young women or teenagers are often called to stay at home with their families to raise the younger children, and support the mother in the household. The young men or teenage boys, are often allowed to leave the home in search of work outside the home. This affords them the opportunity to attend school more regularly, and also vocational training programs or other opportunities which might arise. The males are often more mobile within the communities, and can easily move from province to province with little trouble. Females however, find it difficult to leave their homes and duties to travel or attend training because of their responsibilities. Thus, females, though a larger percentage of the population than males, are the least educated and untrained of the population. The Outdoor Therapy Program reflected these cultural trends in its' gender disbursement. It was more difficult to identify and bring young girls to training sessions because of these issues.



Quantitative & Qualitative Research Results

The quantitative data for this project has been separated into three assessment forms. The analysis on the data has also been separated for easier discussion. Each of the independent variables will be discussed under each assessment forms.

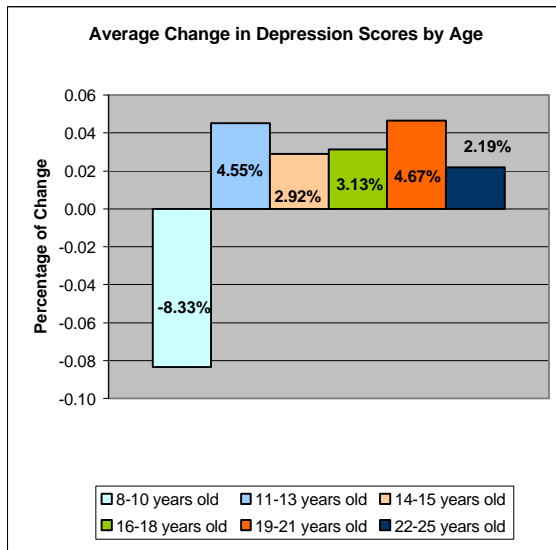
Children's Depression Inventory (CDI)

The Children's Depression Inventory was chosen because depression is often found among survivors experiencing Post Traumatic Stress Disorder. In working with the Rwandan youth, the symptoms of depression were present in the survivors and orphans who also experienced PTSD symptoms. Therefore the Depression Inventory, after adaptation to Rwandan culture, was identified as a reliable instrument to use in indicating the level of depression and PTSD symptoms. After numerous revisions and critiques by mental health professionals, the current assessment was adapted. Though it still can be improved, the form was functional for the purposes of the pilot project. A total of twenty-seven questions were agreed upon, and translated from English into Kinyarwanda. These questions contained a scale of 1 through 5. The numeral "1" indicated the participant did "not at all" agree with the statement in the question, and the numeral "5" indicating the participant did "strongly agree" with the statement. Other numerals were the degrees of agreement between these two extremes. The actual assessment form can be reviewed in the Appendix. The following discussion focuses on the change in the

scores of the youth from the preassessments to the post assessments according to the independent variables used in the study –age, education, status, province, and gender. The total sample size which completed the pre and post assessments for the CDI was n=485 youth.

Age

The change in depression scores for each age group is extremely important in discovering which age group the program is most effective with. As one can see from the graph there is little



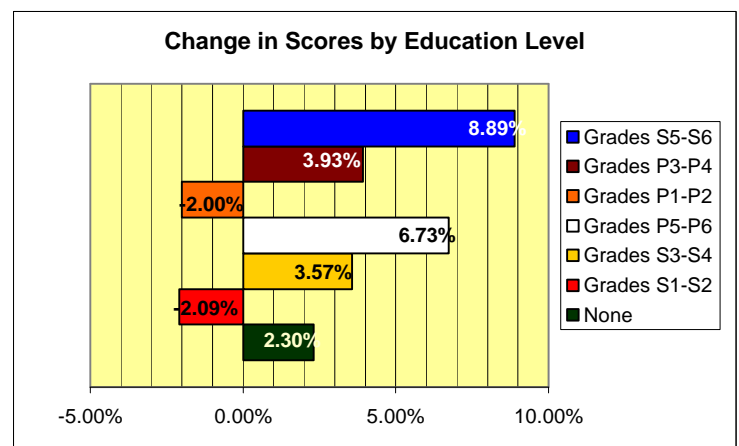
change between the scores of the age groups, Except in the age group labeled eight to ten years of age. There was actually an increase in depression symptoms among this group. This age group had the least number of participants for the sample, which would skew the results. However, in the practical learning of the principles, the Outdoor facilitators found that this age group did not understand or grasp the concepts as thoroughly as older youth. The children also had more trouble understanding the questions on the assessment forms and had difficulty discerning their feelings and emotions regarding the various statements which were offered. It was found the children in this age group were the least likely to excel in this program. One can also see from the

graph that there is a lowering in the percentage of change in those participants who were older. Thus the most effective age group is between the ages of 11-21. Before or after these ages the program loses its' effectiveness in decreasing PTSD or depression symptoms among the participants.

Education

From the graph on the right one can see the most significant change in the depression scores of the participants in the program were found in those youth who had attended S5-S6. There are two comments to be made about those youth in this education range: the first is that they could read and understand the assessment forms more clearly than those with less of an education. These students are familiar with testing and test taking. This makes a difference in how the youth respond on each of these tests. Secondly, the age of the youth who benefit most from the

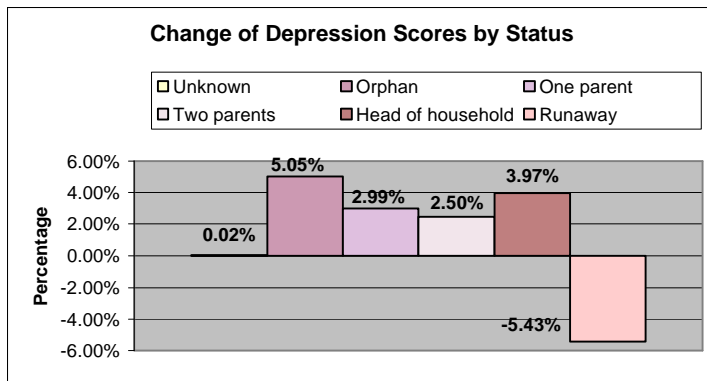
program as we saw above, corresponds with the grade level we see here. Those participants between the ages of 19-21 years of age are also the same students who are in the grade levels of



S5-S6. The second educational level which showed a significant change in scores was the youth in the grades from P5-P6. This also corresponds with the earlier age group of youth between the ages of 11-13. These youth are just entering P5 in school. From the educational levels it seems that those youth with some education were able to understand and take the tests, whereas those youth with little or no education scored lower on the tests. This does not mean the program did not have an effect on the youth. More likely it indicates the groups with lower educational levels need to have a different or revised assessment form to fill out.

Status

The status of the participants in the program shows the scores changed the most within the group of orphans who attended the program. This was followed by those students who were considered



the heads of their household.

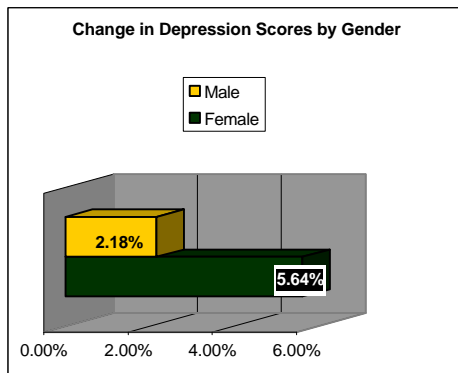
One must remember, however, the sample size for each of these categories. Those youth who responded they were orphans were over represented in the data. Other groups may not have the larger sample size to produce more significant results.

Regardless of the sample size for the groups, the chart does give an indication or trend pattern. Those youth who were considered

Runaways seemed to worsen their Depression scores and thus their symptoms. The assessment form was not as effective in measuring the change for them, or the program did not necessarily reduce their symptoms.

Gender

The assessment forms showed a striking difference between the percentage change between

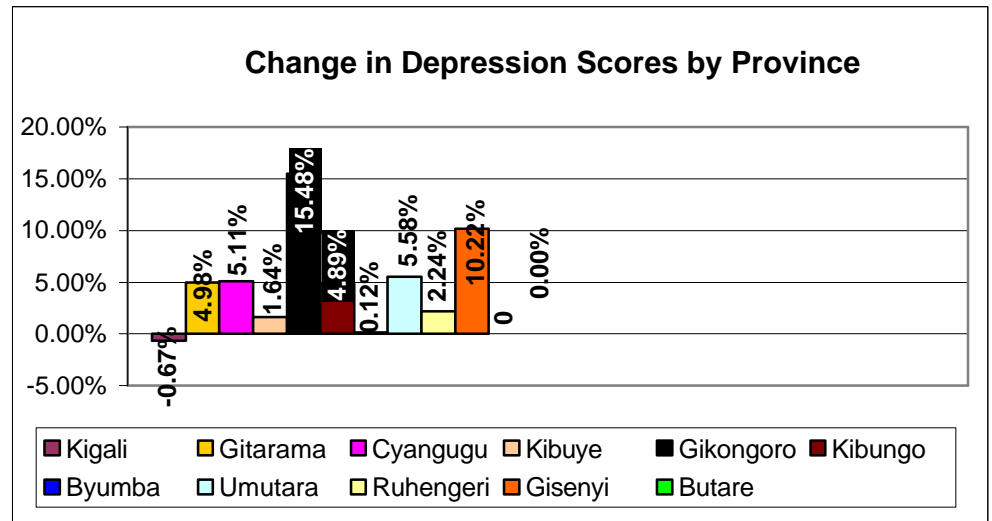


males and females. Females showed nearly 3.5% points reduction in depression symptoms then the males.

Though the sample size for the females was smaller, the difference in the responses is nonetheless valuable. The girls responded positively to the program and this is reflected in the reduction of the depression symptoms they felt after the program. Perhaps the difference lies in the culture of the country in which the females are able to express or respond to more emotionally involved questioning then the males; thus creating a difference in the responses.

Provinces

There are twelve provinces in the country of Rwanda. One of the purposes of the project was to identify if this particular method of therapy was accepted and effective with Rwandan youth. In order to gauge the effects of the program, youth participants were invited from each province of Rwanda.



Most provinces were able to send at least twenty youth to participate in the program. The data drawn for analysis is from these youth participants. The province showing the most remarkable change in depression scores are the youth participating from Gikongoro. The nearly 15% decrease in depression symptoms is the highest change in any of the provinces. Gisenyi was also an area which experienced a more than 10% change in their depression symptoms. Other provinces such as Kigali and Butare registered 0% or less, showing that these provinces did not experience a dramatic decrease in the depression symptoms.

Discussion of the CDI Data

The primary criticism of the Children's Depression Inventory is that it does not measure PTSD symptoms, instead it focuses on depression which is only one of the many symptoms of Post Traumatic Stress Disorder. Secondly, the assessment form, though adapted for the Rwandan context, was difficult for those youth who had little or no education, were younger than 13 years old. The project was able to work within these constraints by reading the questions to the youth and explaining each question to them as they responded. However, this greatly increased the amount of time needed for the assessment and may have influenced the youths' answers. The CDI was also given a short time before the participants were to attend the program, thus the relationship and trust between counselor and youth was not as well established. It is suspected that this greatly influenced the level of accuracy in the answers.

However, the strength of this test lies within the revised questions and answering method. The multiple choice selection, moving from a level of no agreement with the statement to one of high agreement with the statement, proved to be a helpful revision to the assessment form. In this way, the youth were able to more clearly define their feelings towards that statement. The second strength of the assessment is that it does not identify an "illness". The stigma of mental illness was previously discussed in this report. This assessment did not lead the youth to believe they were "mentally ill" and therefore the youth answered more openly and without restriction. It is clear from the data above the youth which were older, had a higher education level, and were females scored better on the assessment tests. If the program were to identify the group which seemed to be most effected by the program according to this one assessment, it would

insist on focusing on female orphans between the ages of 19-21, with at least a S1-S2 education level.

The assessment form was also analyzed to review which questions were the most effective, or for which the most change was seen. With this data, the project can pinpoint what symptoms the principles assist the participant in healing. The analysis shows the most improvement in the question which states “I think or feel that things will work out for me in the future”. The improvement score on this question was over 15%; with this improvement it can be concluded that the youth seem more hopeful and optimistic when they finish the Outdoor Therapy Program. This directly supports the Goal of the project which in part is to “develop self worth and hope”. From the overall data represented by the CDI, the project was able to measure a success in the youth before and after the program. The total change in percentage was 3.75% from the pre assessments to the post assessments, showing that indeed the project seems to have reached its’ goal of improving Rwandan youths’ development of personal self worth and hope.

Recommendations for CDI

It would seem the Children’s Depression Inventory would be more helpful if it were revised to completely fit the symptoms which Rwandan youth experience. If the assessment could focus on these areas, the youth may be able to respond better to the assessment forms. Simpler language or pictures might be an improvement to assist those youth with a low or no education. If the assessment were given as an interview or discussion, perhaps the counselor would be able to discern if the youth is understanding the question correctly and answering appropriately.

Secondly, the counselor MUST develop a relationship with the youth before the assessment is given. If the assessment is given in an interview style as is suggested, the youth must know and trust the counselor to some degree. The youth need to understand the assessment form, and what the use of the tool will be. This is often discussed before the assessment is given, giving the youth the opportunity to withdraw from the program during the assessment phase. In order to have counselors who have gained the trust of the youth before the program, persons in the community who work with the youth must be identified, trained in the assessment process, and then included within the program. In this way, capacity in local community leaders and counselors can be built. Both the project and the community will benefit from this strengthened relationship.

Thirdly, a constraint of the project in assessing the youth came in the area of payment for services. It is common for NGOs and projects to pay participants to attend training and fill out tests which are given by that organization. Counselors are also paid to go distribute and solicit responses to the questionnaire. This project did not provide any sort of compensation to the counselors administering the assessments, nor to the participants who filled out the forms. The counselors’ were paid their travel expenses, however the youth received little benefit in the first month of the project while they waited to begin training. Finding adults and youth willing to work for nothing, or volunteer for testing as very difficult. Each assessment is to be filled at least two weeks prior to the youth arriving at the project. Therefore, the recommendation is that for each assessment packet completely filled and submitted by the field counselor to the project in the proper timeframe will receive a certain amount. This amount will diminish each day or week the assessment remains undone. If the assessment is not given to the youth until the afternoon they arrive at the project, the counselor will receive no money for the assessment form.

It is hoped that this method will encourage counselors to identify youth and build their trust before bringing them to the project. It will also offer incentive to counselors to prepare and submit their work in a timely and efficient manner.

Impact of Event Scale (IES)

The IES assessment was given at the same time as the Children's Depression Inventory in the same manner. The statements were made and each participant was asked to rate their agreement to the statement by circling a number on a scale of "1" to "5"; "1" meaning rarely agreed and "5" meaning "strongly agree". The reasoning behind administering this test was to verify the impact of the traumatic event happening in each participant's life. The strength of their reactions to specific reminders of the event would assist the project staff in identifying the level of trauma, whether the trauma was chronic or acute, as well as measuring either the level of healing, or level of denial the participant experienced. This assessment was a companion to the CDI assessment but was not the primary tool used to assess PTSD. This tool was revised at a later date in the project than the CDI. Therefore, a smaller sample was obtained for this assessment and there is little to no statistically significant data because of this. Only two hundred and twelve participants completed the pre and post IES assessment forms. The IES form did show itself to be easier for the youth to understand and answer. It seems that the concrete examples given in the statements helped the children understand how to answer. There were fewer unanswered or "I don't know" answers given on the IES form than on the CDI form. This points to possible changes which can be made in the CDI-more concrete examples or situational questions would be easier for the children to understand and answer.

However, the IES does deserve mentioning as it was part of the data, which was collected during the program. The importance of the information received from the IES is focused on the questions asked more than the data analysis. A profile of the average participant who had the most significant change in the IES score was an orphan female between the ages of 14-19, with an educational level of at least P3, and from the province of Ruhengeri. For the sake of brevity the results will be summarized and presented according to the conclusions of the data and recommendations made at the end of each section.

Age

The age group of 14-15 years of age showed the greatest improvement for the number of participants at a change percentage of 7%. This is closely followed by those youth in the age bracket of 19-21. It seems there is a trend among the participants that the older the youth becomes the less effective or the least amount of change in IES scores appears. Those youth who took the test in the age group 21 + had a lower percentage of change than any other group. Thus the program or the assessment forms seem to indicate the project focus on those youth which are between the ages of 14-21.

Status

Orphans seem to have the greatest amount of improvement in their IES scores at over 10% change. This finding correlates with the CDI data which shows orphans have a larger improvement in their CDI scores than any other group. The data is slightly surprising as these are probably the most vulnerable of the groups. One would expect to find better results in the one

or two parent youth. These scores were 3.78% and 3.82% respectively. The project once again seems to affect change in orphans in the most significant way.

Education Level

In the sample size, the population was so dispersed over the education levels, it was difficult to get a solid change in their scores by their education level. However, the majority of the participants in the IES sample 120 of the 212, were found in the educational level of “none”. Their percentage of change was small at 2.5%. Other groups and education levels showed higher percentages but the sample size was too small to give it any credence. The general trend of the existing data seems to point to the higher the education level the less the percentage of change, but without a larger sample this is inconclusive.

Gender

Solid conclusive data was achievable as there were only two categories for the sample population to fit into. In this section, of the 77 females and 135 males which attended the program, girls had a percentage of over 9% as compared to the boys with a percentage score of barely 5%. The program seemed to help the girls 4.3% more than it did the boys. These results are not significant because of the unequal sample size, however it does give a trend showing that in these tests and the program itself seem to impact the girls at a higher or deeper level than the boys. Further conclusions with a larger sample size would be essential in the future to confirm or deny this trend.

Provinces

In the provinces, there was a fairly equal dispersion of participants from each place. Therefore the results can be generalized better, though still remaining insignificant. Kigali/Kigali Rural had the worst scores (-4%) though they had the largest representation of participants, they showed an increase in the impact of the traumatic event according to the test scores instead of the expected decrease. However, other provinces showed excellent positive results, such as Ruhengeri with a percentage of change of over 20%! This province was quickly followed by province which showed a positive percentage of 18%. The remaining provinces ranged between 1% and 10%. Higher numbers of participants taking this assessment would give a better picture of what could be expected from each province.

Memory Anchor Recall System (MARS)

The Memory Anchor Recall System is a test created by the “Crocodiles Not Waterlilies” program. This program was used to teach 7 principles to the youth during the 5 days of the Outdoor Therapy Project. These principles guided the youth to look at their lives, grieve, and heal from their traumatic pasts. The seven principles taught during the program can be found in the Appendix portion of this report. The character and the definition with a brief synopsis of the principle is explained there.

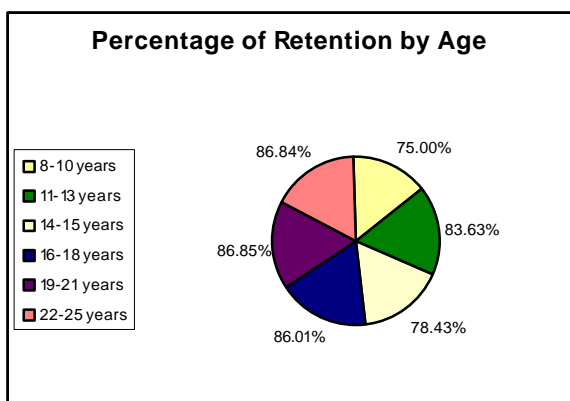
After the youth completed the training program on the 7 principles, they returned to their homes. The MARS test was given to the participants at the same time the other two assessments were given. This was usually 4-6 weeks after the participants had attended the program. The reason for this testing is to measure the retention rates of the youth regarding the principles they learned

while in the program. These principles formed the foundation for not only psychological healing, but also systems which are used for conflict resolution and reconciliation. The data and reporting of this tests gives the important data indicating if the youth have remembered the conflict resolution and life skills that were taught to them.

The test also measures the effectiveness of this particular method of teaching. This method uses pictures, stories, and real life demonstrations to involve as many senses as possible in the learning process. Through activating many of the senses when learning, the principle or material is “anchored” more firmly in the mind. Through using a lecture or traditional method of teaching, adults usually remember less then 10% of what they learned after six weeks. However, the results from this method show significantly higher rates of retention after the same time period. Youth show they remember the principles they learned at a rate of 84.5% after a six week time period. Thus proving this method of active learning is significantly more effective with youth then the traditional format which is most commonly used throughout Rwanda. The following data is from the MARS test. The data is broken down into the same five variables used in the previous two assessments. The sample size for this test is 343 youth participants.

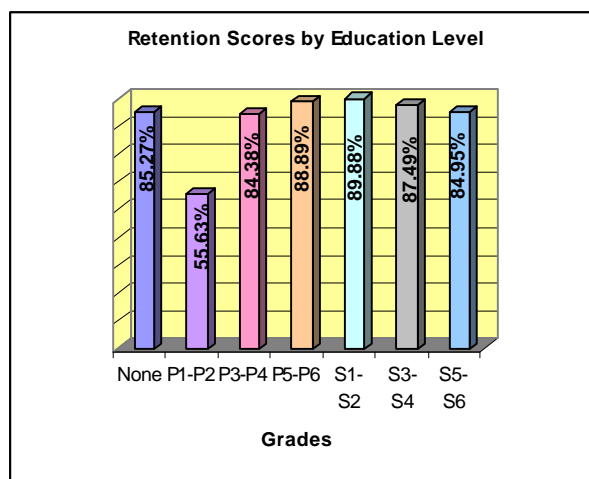
Age

There seemed little difference in the retention rates of the different age groups. Those children in the category of 8-10 years of age were the least able to remember the principles; however, it was the most underrepresented group of the six groups. The highest rate of retention was with youth between the ages of 19-21. However, only a few percentage points of difference can be found. Overall the results are quite impressive for the youth of all ages.



Education Level

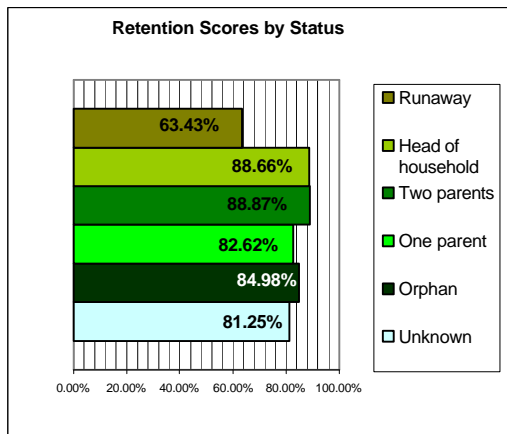
Because this training method does not depend on the youth to read or write in order to excel or understand the concepts, the results seem to improve. The youth who have little or no education have the opportunity to excel at the same pace and rate as the other youth with higher years of education. This not only encourages everyone to learn because it is an enjoyable process, but it assists in lifting the self esteem of those children who usually “fail” in school. As can be seen from this graph, those youth with no education have a higher percentage then those youth with a level of S5-S6. The lowest percentage of scores is found in those youth who



have the education level of P1 and P2. However, this is also the lowest number of participants in the seven groups. Perhaps with a higher number of participants in this group, the results would change.

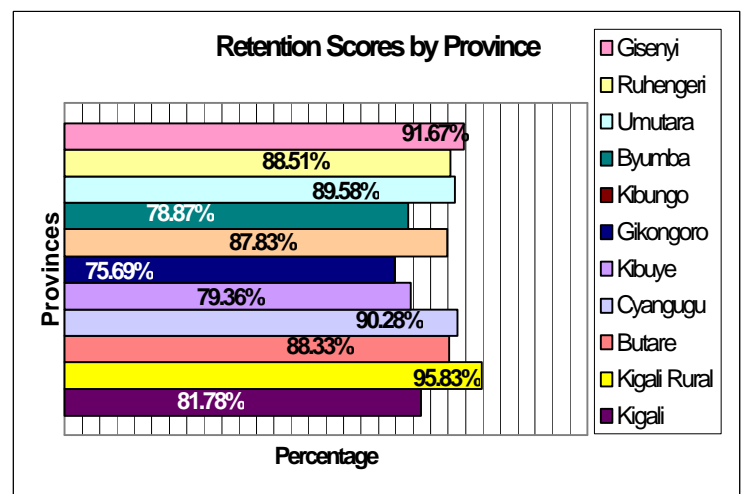
Status

The scores of the youth were again consistent across the category of status. However, those youth who reported they were Runaways scored approximately 25% less than the highest scoring category of youth with two parents. Surprisingly, in this test those children from two parent households scored higher than orphans. Previous tests usually show data in which the orphans excel above all other categories. However, it seems that in this testing other categories are showing higher scores and better representation.



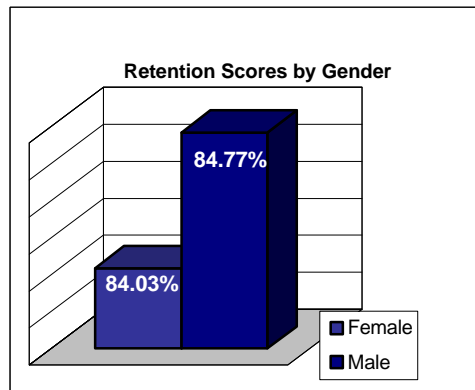
Province

The provinces show quite a significant difference in the rates of retention. The lowest score is found in the Gikongoro province. This result is surprising given that Gikongoro province has the highest percentage of change or decrease in its depression symptoms. However, the retention of the principles is only 75%. Further study into this would possibly identify exactly what aspect of the program is the most effective in reducing the scores, as in this instance it is not so much the principles influencing the youth. However, though the score is 75% and the lowest in the provinces, it is still significantly higher than the industry average of retention less than 10%. The highest retention rate can be found in Kigali Rural. This is also surprising as this is the group which showed the least improvement in depression scores. Clearly, further research would need to be completed to discover what is the reason behind these discrepancies within the program and the data.



Gender

The final section in looking at the overall retention rates is that of gender. As we have seen in



the previous tests, the females tend to score higher than the males, thus seeming to absorb the information at the training program more deeply or quickly than the boys. However in the case of the retention of the principles the boys seem to be slightly ahead. The difference between the two groups is so slight as to hardly be noticeable. Both girls and boys seem to have a high retention for all the principles presented.

Discussion of the MARS Data

The project can be viewed as a success on many levels, but one of the points which shows the most success is in the MARS data. The test itself is a success as each of the testing sections was answered more than 89% of the time. This means the youth understood the questions and answered them clearly. It is here that the true effect of the program can be seen in the field of conflict resolution and reconciliation. The youth are remembering the principles of these and other life skills, such as honesty, integrity, forgiveness, humility, and others. Their scores indicate they are learning what is being taught. The profile of the participant who seems to gain the most from these principles is a male from a two parent household located in the Kigali Rural area, he has a P5 level of education, and is between the ages of 19-21. However, as previously noted the scores in this section are all very high and each participant seemed to respond to the method of therapy as well as the testing method.

Recommendations for MARS

The test was well written and served the purpose of the project this year and the program overall. It is difficult to offer suggestions on this tool, as it seems to have worked extremely well. A follow up study on the retention rates of the youth 6 –12 months after they have completed the project would be interesting as well as enlightening. At this point, only one group of 12 children were tested for retention after more than 6 months. These youth had a retention rate of 74% after receiving training nearly 9 months previous. This gives the project staff the idea that the youth will retain this knowledge far into the future. Further study may or may not confirm this idea. Follow up testing would also indicate which youth seem to be the most serious about the training and indicate how many are actually utilizing what they learned at the program. The MARS test itself can be used again with very little modification or revisions. It is indicating exactly the information that it was designed to evaluate.

Qualitative Data – Interviews with the Youth Participants

The Outdoor Therapy Program has been criticized in the past because it often produces many interesting and excellent case studies of participants who have experienced a great deal of healing from the program. However, these stories are not enough to “prove” the program is effective in reducing PTSD symptoms, or teach conflict resolution skills. Thus, time, money and effort have been poured into creating documents, assessments, tests, and analyzing the data to substantiate the Outdoor Therapy method. Quantitative data has been produced, and is available

for further in depth study in the future. However, a research study dealing with people cannot be complete without their input and observations. Often this qualitative data adds life and breath to the dry dusty bones of statistics. In this section, the Outdoor Program has included several of the stories told to the staff in the interviews. These interviews happen during the first two days of the program and a second time 4-6 weeks after the program when the other assessments are given. The youth respond to the interviews at first with great fear. In the first two days of the project, they are still skeptical about the program and learning to work with their classmates. However, usually by the second day, the youth are ready to speak of the experiences for which they are attending therapy; this primarily focuses on the crisis in 1994, but can often be from another source of conflict. Sharing this information with the group and the counselors provides the youth with an understanding ear and an outlet for their emotions. This is the beginning of the process of healing. Four to six weeks later, the counselor will again speak to those youth and ask how they are living and what changes have occurred in their lives. They write these interviews out and then translate and submit them to the counseling supervisor. The supervisor then enters these testimonies into a book. This is kept confidential and all names or personal references are removed. The following are stories directly from the interviews with the youth who participated in the Outdoor Therapy Program. They are organized according to the principle which they applied to their lives. Again a description of these principles can be found in the Appendix.

ROMPA

I am called Aciel. At first I stayed with other children in the orphanage but now I am living in my own house. I interact with many people in the neighborhood. It would have been very difficult for me had I not learned the principles of ROMPA. They have helped me manage my home perfectly well. I have a small garden where I have planted few crops for my home consumption. Before taking any decisions I usually first relax and observe, thinking seriously about the possible consequences of all actions I would have taken. You know in the orphanage I never used to take things very seriously because everything was being done for me. Now I am responsible for myself and my new home whose fate lies in my hands. I will always remember ROMPA!

My name is Olive, I am 18 years old. Before learning patience one of the principles of ROMPA, I used to do everything so hurriedly. This caused me to perform very poorly in class every term. I always got low grades. However last term I was able to get 69%, a mark I had never gotten in my history of studying. This I attribute to the ROMPA principle.

Integ

Ngarambe is my name and I really trust INTEG. I hated those people who killed and robbed my family during the 1994 genocide very much. So much that I could not stand living in harmony with any of them or even those who resemble them. I had such a heavy load on me that I could not carry by myself. I shared my problem with some friends and together we approached some of my "enemies". To tell you the truth we are glad you people taught us about INTEG. Now the burden has reduced and I feel more comfortable. Thank you very much.

Integ made most of us become real young men of integrity and now we are real “integs”. Others in the village noticed the changes in us and when elections for Gacaca court took place, we were all elected as “inyanga mugayo”(men of integrity).

Sarafina is teenager who had spent a long time in an orphanage. The only people she interacted with were fellow orphans. She says she actually hated people of the “outside world”. By this she means those that did not live in the orphanage where she lived. “How could I share anything with them?” she asked. However today I am already out of the orphanage and trying to live on my own. I have found it quite difficult but the INTEG Principle helped me in that I have been able to share and interact with those I once hated very much. Am now a free lady and many people in my neighborhood love me and I love them too.

Hum

I helped a certain old woman prepare some local brew made from ripe bananas. Unfortunately I happened to feel very hungry and ate some of the bananas meant for the preparation of the brew. The old woman discovered my grave mistake and decided not to pay me. “The bananas you ate should sum up for your wages,” she stammered. I simply walked away and went home quietly. Naturally I would have hidden somewhere and later hit the old woman very badly. I did not do it.

A few days later I saw the old woman walking towards home, I thought of many things, to my surprise she gave me 500RWF. This was five times the amount she owed me because she actually owed me 100 RWF.

These are the fruits of HUM, a principle I learned during my stay here for the OAT programs.

Illuminee is another teenager from the IRC-KIBUYE orphanage People feared her because of her character, she hated non-orphans especially those that did not live in the same orphanage she lived. “Nowadays I stay in my own house and using the principles of HUM. I have managed to live very well with others. I approach those who fear me. For example I started by visiting my neighbors and helping with some house chores such as sorting beans or rice. While helping them I try to open up and talk to them so as to develop a new feeling in them and to make them realize that I am no longer the same resentful girl they knew. Being humble has made my character improve greatly and people have started loving and trusting me so much.”

Indi

My friends and I, after we left this place (Kicukiro-OAT) decided to form an association such that whenever we earn some money in a month we collect it together and give it to one individual. Then the next time to the next one and the rotation goes on and on. In this way we have worked together for the benefit of one another and it has kept us united. We have put into practice the INDI principle.

Before I used to be very selfish in all ways. But after the training we had at Kicukiro with ADRA, I tried to put into practice the principle of Indi. I contacted a few of my friends and taught them what I had learned and together we have formed a small association which we named TWISUNGANE with the main objective of supporting one another. . This has impressed our neighbors so much that they would like us to train them as well in the principles we learned

My name is Faustin, I am 20 years old. In my choir I never used to behave like a person of integrity. As a choir leader I had some members I always showed more favor to compared to others. However now I have learned to consider everyone equal to one another. I am now INTEG. I also applied the INDI principle. I have this sister of mine that I disliked so much because she resembled my mum who was a Tutsi. In fact I used to be proud because I resembled my father instead (Hutu). Although my mum had died and I had only this sister to live with, I never really ever liked her at all. However after learning INDI and knowing the disadvantages of divisions, now I believe are all the same because God created us in his own image. The repercussions of this kind of distinction (hutu -tutsi) that our country suffers today should never occur again I thought. I needed to start with myself. I tried and I know I am going to be successful because now I love my sister so much. She is also my good friend.

I am a girl, aged 16 years and an orphan. There is a cruel woman I happened to work for sometime back. She refused to pay me for all I had done for her. So I became very angry. I had decided to buy some petrol and burn her and all her belongings. Now before I could put my plans into practice, I was called upon to attend the OAT-Program at Kicukiro. After the program I went back home, I approached my debtor and told her I had forgiven her. Today we are good friends my debtor and I. In this way I used the “FORGI” principle.

I am called Habimana from the IRC orphanage in Kibuye province. I never thought that I could ever forgive those people who robbed and killed my family leaving me an orphan. Recently this judicial system called “gacaca” started in our village. One of the guys, who stole our iron sheets from the house we used to stay in before the genocide, was ordered to pay for them. He is such a poor man, in fact one of the poorest in that village. I thought of this man and of the principle FORGI, gathered the guts to approach him and tell him to forget about paying me for the iron sheets he stole. I announced this to those responsible for this kind of judicial system. Some how I feel happy within me because I first forgave myself and then I forgave the man who made me an orphan. God is there. He will pay him what he deserves but as for me, I am now free from any resentment.

Some boys had planed to rape me, one of my brothers came and told me about the plan. I became very angry with them. I changed the path I always took after school so that I would not fall into their trap. They later came to learn that I had discovered their plan. They felt so sorry about it and came to me to ask for forgiveness. At first it was very difficult to forgive these boys, I tell you. However after the training I had with ADRA on the principle “FORGI” especially the ways of the dolphin; I thought about forgiving these boys and I did it this time from the bottom of my heart

Outback

Aciei, a teenager from the IRC-orphanage at Kibuye has used that principle of OUTBACK. He says "There was a time a certain boy at school asked me to help him with an exercise book because his had all been used up. He pleaded so much with me and because he knew that I had plenty of unused exercise books he never stopped begging me. Finally I accepted to part with one 32 –paged one. I did not think about the results of this act. However this boy eventually completed his studies and these days he visits me at school whenever he has the time. As if that's not enough he gives me some pocket money. I am so happy I am learning from the principles you people from ADRA taught me. I am planning to continue doing good things to others I am sure I won't regret."

One day a certain neighbor of mine came to me and asked me to help her with some raw food to prepare for her hungry children. Because I have just started this kind of independent living, I kind of hesitated to give away my foodstuff lest I eventually starve. However, I took pity and scooped out some maize flour and gave her. A few days later she came back carrying a bunch of bananas to offer me and this was only the beginning, she always sends her children to visit me and each time they bring me foodstuffs. OUTBACK lives within me Thank you for your teachings.

Gress

I am a farmer. I never used to give value to my job, so I spent the whole day roaming around. After learning GRESS, I decided to pay more attention to my work as a farmer. I had a much bigger harvest this time .I therefore attribute all this to GRESS.

GRESS helped so much especially concerning my studies. I looked back at the things that used to distract my attention in class. I discovered that they were of no use to me and would only make me fail so I decide to ignore them. Now my performance has greatly improved.

Five boys decided to convince others of similar age group to join up in forming an ANTI-AIDS\ club comprising of 20 members.Thanks to the evening classes we received during the OAT-RCCTC program.

A friend of mine usually came to my room and we chatted. But our conversation centered around the events that took place during the genocide in 1994. It would take us over three hours lamenting and crying about these things. Then she would go back to her room and I usually remained contemplating on the same subject. Both of us ended up more miserable than ever before. After attending the ADRA program I put into practice the principle of GRESS. I looked back at what my friends and I had been doing, allowing ourselves to lament and accumulate hatred. I realized it would not help, so whenever I was faced with a similar situation I would help friends think positively by teaching them some of the most applicable principles I had learned. Now we are more positive and our conversations are more constructive.

Overall Performance of Project

The performance of the project lies predominantly in the previous data. These results prove the Outdoor Therapy Project is successful in working with survivors with PTSD symptoms as well as teaching conflict resolution. Both of these objectives were met throughout the life of the project and are supported by the above data. However, there were other objectives which were to met as well. These are listed below with a short summary of how they were achieved. Also the Challenges and Constraints that were felt by the project are also recorded. A recommendation section is included to improve the project practices in the future.

Achieved Objectives

The following objectives are copied directly from the proposal submitted to USAID for approval of the project's activities. Below each objective is the summary of the completion of that particular objective.

- **To train all pilot project staff in basic counseling awareness**
- **To train ADRA and RCCTC outdoor program staff in counseling applications**

These two objectives were actually closely related and were able to be accomplished at one time. The two of the project staff who interacted directly with the youth, were not hired until nearly 4 months into the program so they were consequently unable to attend the training sessions on counseling awareness and application. However, those staff (4) who were working on the project received this 3 day training from ADRA Rwanda's local partner Rwandan Christian Counseling Training Center. During this three-day seminar, the staff were taught topics on Children's rights in Rwanda, HIV/AIDS issues, and basic techniques in counseling. The total number of training hours in counseling awareness and applications was to be 80 hours. The training partner provided 24 hours of this 80-hour session. Further sessions were difficult to fit into the training schedule and the training received from RCCTC at the beginning of the project was sufficient for the project staff needs. Each of the counseling staff which was chosen had been previously trained in social work or had previous years of experience working with people in this capacity. Thus this objective was 30% completed. However, in practical terms the objectives was met for the needs of the project staff.

- **To train ADRA and RCCTC outdoor program staff in conducting outdoor experiential activities**

In order for ADRA staff to operate the program and its' activities they were required to train for nearly two weeks before facilitating the activities. RCCTC staff did not teach or facilitate these activities and therefore did not receive this training. Only two facilitators (besides the Outdoor facilitator who trained them) were working directly with the youth when the activities were operating. One had previously received a full course of training for the pre-pilot project, while the second was given a two week training session. This training was held while on the job, and after both the facilitator and the supervisor felt satisfied with the work and learning process the facilitator was able to operate the activities, as well as teach the principles on their own. The third part time facilitator was able to teach the principles, but needed assistance in operating the

activities. This objective was completed 100% to the satisfaction of the project manager and the donor.

- **To facilitate Outdoor experiential therapy programs for 450 children/youth**
- **To facilitate Outdoor experiential therapy programs for 300 adults (this is a typo and should be 30 adults)**

These two objectives are closely related. The first objective targeted 450 youth who would attend the training using the Outdoor Therapy method over the 9 month project. This objectives was met and exceeded in that same time period. Five hundred and eighteen youth completed the training sessions. This objective was accomplished at a rate of 115%. The second objective should read “30” adults. This was accomplished throughout the life of the project. For each group attending the sessions, there was to be a counselor to act as a chaperone for the group. Over 40 adults attended the sessions and learned the therapy technique. These adult supervisors then returned to the communities with the youth and continued to give support and assistance to the youth in their learning experience. This objective was achieved at 133%.

- **To provide initial intervention, including:**
 - **Assessment,**
 - **Awareness of trauma symptoms; and**
 - **Psychosocial support**

The local partner formally known as RCCTC was contracted to provide assessment services to the youth who attended the program. These assessments were to be given to the adult supervisors or counselors in the community nearly one month in advance of the youth attending them program. The youth were then to take the assessment, fill it out, and return it to the counselor, who would then forward these papers on to the ADRA Counseling supervisor. Secondly, before the assessments were given to the youth, a counselor from RCCTC was to visit the community and establish a connection or relationship with the community leaders and the adult chaperone to begin building trust and confidence in the Outdoor Therapy Program. This would provide the psychosocial support needed later on in the project. RCCTC performed at nearly 75% capacity. Often the assessments were not in to ADRA Rwanda until the day the youth arrived at the program, though it was outlined several times that the assessments must reach ADRA at least 2 weeks before the group attended. Further work could and should have been done to increase the strength of this objective. Further suggestions are written later in this report in the section labeled “Recommendations”

- **To provide follow-up**
- **To provide Post-Traumatic Stress Disorder Referral service**
- **To provide Counselor care**

These three objectives were to be carried out by the adult supervisor in the field after the youth returned to their communities. ADRA did provide some follow up care in that they visited each of the groups who attended the program, and gave the youth a post training assessment form, which could measure the reactions of the participants to the program. The ADRA staff also

interviewed each youth to discover how the youth were utilizing their newly learned skills, as well as to encourage the youth to continue growing and using what they learned. Providing PTSD Referral services to the youth was difficult. The system in Rwanda does not support a referral system. Attempts were made by the project staff and the project manager to design a network or a database in which counselors from each province were identified and could be referred to. Agencies which worked in the mental health field, or counseling for PTSD clients was nearly impossible to identify. Several agencies state they work within these areas however, they do not keep accurate records of the services they provide, the provinces they work in, or the names and locations of the counselors. This makes it extremely difficult to refer youth to a counselor. The youth was encouraged to speak with the adult supervisor/counselor which accompanied them to the program. In this way some sort of support and Counselor care could be given. Furthermore, counseling services are not available for free from these agencies. The youth are some of the most vulnerable citizens within the population and the least able to pay for counseling services. The project did not provide funds for them to see a private counselor even if one was available. Any free counseling services possibly available to the youth could only be found within Kigali. Most of the youth participating in the program could not afford to travel to Kigali for these services even if there were counselors available. Because of these constraints, the objectives of PTSD referral services and counselor care were difficult to provide. These two objectives were achieved at about 10%, while the objective to provide follow up services was achieved at approximately 75%. These percentages are an estimate of the services provided to the youth. Unfortunately, collecting counselor reports for the groups was difficult due to the unpredictable mail and transportation services throughout Rwanda.

- **To evaluate responses and reactions of each participant to the outdoor experiential therapy**

The reactions and responses of the youth to the program are primarily presented in the Children's Depression Inventory (CDI), the Impact of Event Scale (IES), and the interviews with the youth. A separate evaluation was given to the youth to evaluate the program from their perspective. This evaluation was given to the participants at the end of each week after they had attended the program. The youth were asked to rate, on a scale of 1-10 whereas "1" signified completely disliking the program and "10" meaning the program was excellent, how enjoyable learning the principles at the program was for them. The youth gave the average rate of 8.1 on the scale, meaning they enjoyed learning the principles. The activities were rated on the same scale and the score was 7.7. The evening educational programs received a rating of 7.8 on the scale. Overall, the youth gave the program an evaluation score of 8.2 on the scale of 1-10. The youth are indicating they are quite happy with what they are learning and the way the program was run. Further responses and reactions can be read in the interview section with the youth. Here, the youth were able to share with the facilitators how their life had changed since attending the program. These stories and testimonies point in a positive direction; the youth felt the program had a significant impact on their lives. The research and responses of the youth towards the program show this objective was achieved at over 80%, if one relied solely on the youth's evaluation and response to the program.

- **Evaluate the effectiveness of outdoor experiential therapy program**

The effectiveness of the Outdoor Program is again shown in the assessment forms outlined in the earlier sections of this report. However, the effectiveness of the program can focus especially on the Memory Anchor Recall System (MARS) test given to the youth 4-6 weeks after attending the program. With the average retention of the principles at over 84%, the program has experienced a high success rate. This rate is more than 70 percentage points more than the average person remembers in other settings. Thus, one could say that this objective was completed at nearly 100% of its' intended point.

- **To construct minimal structures required to host the outdoor experiential therapy pilot program, if needed.**

The Outdoor Facilitator had designed the Outdoor Therapy Pilot program to facilitate seven main activities and seven principles. Other activities, games, and demonstrations were used throughout the training program. However, the actual structures need to facilitate this program, such as the Rock Wall, Rope Ladder, the Challenge Wall, High Wire and three others, were considered to be the essential or "minimal structures" required to host the therapy program. Each of these seven structures was erected and utilized in the life of the project. This objective was completed 100% by the end of the pilot project.

- **To produce an Operations Manual for future development of outdoor experiential therapy programs in Africa**

This is possibly the only objective which has remained uncompleted at the end of the project. An outline of a possible program has been written in a proposal format for further funding. This proposal contains the changes and differences needed to operate this project in the future. It is difficult to complete an operations manual for the project as problems and troubles arise that cannot be seen in the future. A basic best practices section can be found which would suggest significant changes in the program for the future. However, further intricate recommendations will have to be solicited in the future from professionals in the field who have observed the results and can give an accurate opinion. This objective will probably remain at 10% completion.

Constraints and Challenges

Operating a project in any developing country requires patience and adaptability. The Outdoor Project in Rwanda is no different. There were several constraints felt throughout the project which made the implementation of the project difficult. The following is a short list of the most challenging issues facing the Outdoor Therapy Program.

- 1) One of the first constraints discovered by the program was the lack of appropriate land to host the project. The project needs trees and bush to carry out the activities and program to its' best effect. The wooded areas are the most suited to support the activity equipment and provides shelter and a calm healing environment. Rwanda is a small land area with a large population. Few areas are isolated or still contain trees to support a project like the Outdoor Therapy program. The search for land was a long process. Finally, property a short six kilometers outside of Kigali and from the ADRA Rwanda office was located. This property was part of a large secondary/vocational school which had suspended most of its' activities

after the buildings were ransacked in 1994. The school, Ecole Technologic Officelle de Kicukiro along with the Ministry of Education signed a rental agreement with ADRA Rwanda for one of the large warehouse buildings and the surrounding 120 square meters of property. The property included large trees and adequate forest to support the activities and produce the desired calming effect for the healing of the youth. The one constraint with the property, which was never resolved was the lack of running water. The project staff was required to transport water to the site every day in large gerry cans to supply the youth with water for bathing, washing, and cooking. A gutter was installed along the roof edge to catch the rainwater and divert it to a 1000 liter tank. This provided the project with adequate water for washing and bathing. This greatly reduced the workload of the staff carrying the water to the project site.

- 2) The local partner chosen for the program did not have the original capacity to act as it did when the proposal was written. The Rwandan Christian Counseling Training Center was active and in good operation nearly 3 years ago when the original proposal was submitted. Since that time, RCCTC has ceased to operate as an organization. In August of 2003, they officially closed their doors. The Outdoor Therapy Project had been depending on this agency to provide the communities with counselor follow up care, as well as visit the youth and brief them on the training sessions before the youth arrived. The Outdoor Project then reviewed its possible partners in Rwanda, and a few agencies showed interest in partnering with ADRA Rwanda and the project. However, over five months of training had been committed to RCCTC counselors by that time. A system of operations had finally been established to the satisfaction of both partners. To change partners mid project would require re negotiating contracts, and training a new staff of counselors to give the assessments and understand the project. Adjustments were made to accommodate the agency and the counselors who worked there. ADRA Rwanda contracted the director of the former RCCTC to continue giving the assessments to the youth throughout Rwanda. In this capacity, the director was able to hire whatever assistance would be necessary to complete the assignments. In this way the director was able to receive the contracted amount, and hire the original counselors without any delay or further consequence to the project.

Recommendations

In every project there are always lessons learned which can be applied to future projects. This project was no different. There were daily lessons learned regarding the operation of the project and its' management. There is no possibility that each of these lessons can be entered to reflect better practices. However, there are a few significant suggestions, which can be made to the program itself and the operation of the project in the future. These suggestions are listed below for better project implementation in the future.

1) Donor and Supporting Office Regulations Training

One of the most significant pieces missing from this project was the lack of knowledge regarding donor regulations and the role of the supporting office in decisions at the local country level. The ADRA Rwanda office was able to benefit from a short training on USAID (donor) regulations. Key staff persons were strongly encouraged to attend. This training also included what requirements the supporting office-in this case ADRA

International wanted to enforce with the project. Several issues and challenges could have been avoided had this information been adhered to within the local office. Unfortunately, the original Outdoor Therapy Project Manager found it necessary to resign his position because of an irreversible medical condition. He had attended the training and gained the knowledge there. The project manager replacing him was unable to receive this training, and thus needed close instruction and assistance throughout the project to ensure the regulations were followed properly. It is imperative for the implementing office to fully participate and benefit from the training offered to them.

2) Local Partner

The proposal was written in such a way that a local partner was presumed necessary to carry out the counseling aspect of this project. In the negotiation of this proposal, the donor insisted this must be adhered to as it was an important goal of the donor to increase local capacity in this area. In such a case as this, the requirements must be followed. However, in future projects, it is strongly suggested that ADRA employ their own counselors and workers to identify, assess, and follow up with the youth. If it is not a required portion of the grant, the hiring of these employees directly will greatly increase their accountability to the project, as well as maintain a higher quality of work. Reports, discussions, and work constraints can be more easily addressed if all the employees are under one agency. If the quality of the work needs to be discussed and improved, this is easier done from within the agency than trying to reprove counselors who work for another agency. Problems in outside agencies also jeopardize the smoother operation of the project/program, or can handicap the project completely. Contractors, consultants, and other short term employees are also charged different taxes which can interfere with installment transactions. Employees of one agency have the same policies and tax requirements. It is strongly recommended that in future projects, all employees, as much as possible, are hired with the implementing agency if they are to be a vital and semi permanent part of the project implementation period.

3) Implementing Office Stability

The key to a smoothly run project is to have many pieces of the puzzle in place. One of the most important pieces which must be in place before, during, and after the project is a stable implementing office. Many components make a stable office and it would be difficult to go into exact details of how this is to be done. However, some key areas of operations within the implementing office are necessary. One is a financial office which has a clearly defined financial policy. Not only is this financial policy defined, but the office staff are aware of the issues which may concern them, especially project managers. Training on basic accounting principles and regulations set by the donor, the donor office, and the implementation office would greatly enhance the project managers' skills in this area, as well as inform them of any potential financial difficulties which they may be faced with. However, a financial policy manual is not effective unless it is followed by each member of the office. It is recommended that in the future projects, these policies are in place, taught to the staff, and put into effect for each staff member to follow the appropriate practices.

Another policy which is essential for smooth operations is the Personal Manual. It is here that the employer's expectations for the employees are made known. This manual needs to address issues for both expatriate staff and national staff. This manual needs to be in place,

taught to the staff, and put into effect. When this manual is enforced as the practices of the office, the employees and the office will be in a better position to operate effectively.

The last important piece to an effective office is that of procurement/or logistics policies. The project managers, if they are to use the procurement officer which is employed by the implementing office, need to understand the rules and guidelines that are used in this process. The procurement office must in turn respect and follow the guidelines they establish so there is efficient use of time, money, and other resources for the progression of the project and ultimately the office. Logistics includes vehicle maintenance and operation. In order to operate, projects require transportation. This transportation must be reliable and able to take the employee(s) back and forth to their jobs, as well as to facilitate the project activities.

It is strongly recommended that the implementing office look at each of these suggestions and improve in these areas. Policies may be in place, but if they are not implemented or followed there is little point in having them designed or sitting on the shelf.

4) Well-Trained, Responsible Staff

The Outdoor Therapy Project was very fortunate to hire excellent staff for the project. These staff members were trained and experienced in dealing with youth and adults in a counseling environment. The staff was trained in their duties and carried these duties out with efficiency, positive attitudes, and responsibility. Time and effort by the project manager and the Outdoor Facilitator created an environment where the staff felt comfortable giving suggestions and working together as a team. Few problems arose with the project staff hired by ADRA Rwanda. It is suggested that as much as possible these same team members be employed in future projects, whether with the Outdoor Program, or in other ADRA Rwanda capacities. Time, money, and resources have been invested in them, and it would be wasted if the project had to continue hiring and training staff for the next project. The staff contact numbers and information is on file in the Outdoor Therapy files.